

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of Michigan

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND  
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY**

b. Excluded Services

- 1) Services for persons in hospitals, skilled or intermediate nursing care facilities.  
(Services may be furnished to recipients in an intermediate care facility if they are not required to be furnished by the facility as intermediate care services, i.e., short-term registered nurse service during an acute illness to avoid transfer to a skilled nursing facility.)
- 2) Payment for oxygen or for the purchase or rental of equipment used to administer oxygen.
- 3) Home health aide services in a home for the aged or adult foster care facility, since such services are already provided as part of residential care.
- 4) Speech or occupational therapy, except as indicated in a. 5) and 6) above.
- 5) "Noncovered care" under the Medical Assistance Program, i.e., care which is designed essentially to assist the individual in meeting the activities of daily living and does not require the additional services of trained medical or paramedical personnel.

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Supersedes

TN No. 92-08

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**9a. CLINIC SERVICES**

Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services are covered with the same limitations as services provided in the practitioner's office (see Items 5 and 6), when furnished to an outpatient by or under the direction of a physician or dentist in a facility which is not part of a hospital but which is organized and operated to provide medical care to outpatients.

**9b. MENTAL HEALTH CLINIC SERVICES**

Mental health clinic services are covered benefits when provided under the auspices of an approved mental health clinic. To obtain approval, clinics must demonstrate the capacity to provide, either directly or under contract, a full continuum of mental health services, which includes the services listed below.

Services must be primarily medical, as well as medically necessary, and must be preventive, diagnostic, therapeutic, rehabilitative, or palliative. They must be provided under the direction of a physician and delivered according to a physician-approved plan of service, under client services management, and by staff meeting appropriate professional qualifications.

Covered services are available for persons living in their own homes or in supervised residential situations, who require a continuum of mental health services to meet their needs.

Persons who, upon assessment at intake are determined to require only psychotherapy provided by a physician, and who do not require access to a continuum of mental health services, will be subject to the same services limitations as are applicable to non-mental health clinic services recipients.

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Covered services include:

- A. Psychological Testing
- B. Other Assessments and Testing
- C. Psychiatric Evaluation
- D. Quarterly Review of Treatment
- E. Medication Review and Administration
- F. Treatment Planning
- G. Mental Health Interventions
  - 1. Individual Therapy
  - 2. Group Therapy
  - 3. Family Therapy
  - 4. Child Therapy
  - 5. Crisis Intervention
- H. Physical Therapy
- I. Occupational Therapy
- J. Speech, Hearing and Language Services
- K. Health Services
- L. Transportation
- M. Professional Treatment Monitoring
- N. Nursing Home Mental Health Monitoring

**9c. PUBLIC CLINIC SERVICES**

Public Clinic Services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a public facility (defined below) that is not part of a hospital but is organized and operated to provide medical care to outpatients. Public clinic services include services furnished at the clinic by, or under the direction of, a physician or dentist. Public clinic services may include EPSDT screenings, maternal support services, family planning services, laboratory services, dental services, as well as child health, prenatal and primary care services and immunizations.

A public facility is defined at one of the following sections of the Michigan Public Health Code (PA 368 of 1978, as amended): Section 333.2413, Section 333.2415, or Section 333.2421.

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10. **DENTAL SERVICES** (Same for categorically and medically needy clients.)
1. Services provided within the scope of his profession, as defined by State law, by a licensed dentist are a covered benefit for all ages as indicated below:
    - a. Diagnostic and therapeutic services necessary to diagnose and treat conditions relating to a specific medical problem. Approval for these services will be given only when the physician and the dentist concur that the dental care is critical to the treatment of the medical problem for which the attending physician is treating the client.
    - b. Emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.
    - c. Examinations and preventive and therapeutic services as specified by the Department.
    - d. Preparation for, adjustments to, and repair of, necessary dentures, as described in Item 12b of this attachment.

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(NOTE: Pages 22, 22a, and 23 have been deleted. The next page is 24.)

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**OFFICIAL**

Supplement to  
Attachment 3.1-A  
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11. PHYSICAL THERAPY AND RELATED SERVICES (Same for categorically and medically needy)

a. Physical therapy

Physical therapy services, i.e., services prescribed by a physician and provided to a patient by or under the direct supervision of a qualified physical therapist, are covered under the following circumstances.

1. When provided to hospital inpatients or outpatients.
2. When provided in a physician's office.
3. When provided as a home health service.
4. When provided in skilled and intermediate care facilities (prior authorization required).
5. When provided in county medical care facilities and hospital long term care units.
6. (Medicare coinsurance and deductible only) when provided in a physical therapy office or agency to dually eligible Medicaid/Medicare recipients.

b. Occupational therapy

Active restorative occupational therapy treatment, provided on a hospital inpatient/outpatient basis or in a long-term-care facility is a covered benefit for all recipients as follows.

1. A physician (M.D. or D.O.) must order the therapy in writing.
2. All occupational therapy, except that provided on an inpatient hospital basis, must be prior authorized.
3. Occupational therapy services must be restorative in nature. Services must be performed by a registered occupational therapist, or by a certified occupational therapy assistant under the direct supervision of a registered occupational therapist, who must be present (on the premises) when services are provided.
4. Occupational/recreational therapy provided in an inpatient/outpatient setting which is in conjunction with a recipient's psychiatric treatment plan is a covered benefit when ordered in writing by the attending physician. The occupational/recreational therapy must be part of the recipient's overall active psychiatric treatment plan.
5. An evaluation for occupational therapy does not require prior authorization, but cannot be performed more often than twice in a 12 month period without being documented as medically necessary.

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c. Services for individuals with speech, hearing and language disorders

Services provided by an accredited audiologist are covered only as indicated below.

1. Air and/or bone conduction audiogram.
2. Basic hearing evaluation.
3. Diagnostic audiologic evaluation.
4. Hearing aid evaluation and/or selection (prior authorization required).
5. Ear mold fabrication.
6. Hearing aid orientation/training (prior authorization required).
7. Electroacoustic analysis of hearing aid.
8. Aided performance assessment with recipient's hearing aid.

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Speech therapy is covered as provided below.

1. Speech therapy for recipients under age 21 not residing in a long-term care facility must be active, restorative (rather than habilitative) and provided by a Medicaid enrolled hearing and speech center.
2. Speech therapy for recipients age 21 and older and recipients under age 21 residing in a long-term care facility must be active, restorative (rather than habilitative) and provided by a speech pathologist certified by or possessing a "Letter of Equivalency" from the American Speech and Hearing Association. Exception: Habilitative speech therapy is covered in an intermediate care facility for the mentally retarded.
3. All speech therapy for recipients over age 21 must be ordered in writing by a physician (M.D. or D.O.). Speech therapy for recipients under age 21 must be prior authorized.
4. Speech or language evaluations do not require prior authorization but are limited to not more than twice in a 12 month period unless documented as medically necessary.
5. All speech therapy, except that provided on an inpatient hospital basis for recipients over age 21, requires prior authorization.
6. Speech therapy for educational, vocational, or recreational purposes is not covered.
7. Speech therapy is not covered when another public agency (e.g., a school special education program) can assume the responsibility of service for the recipient.

Hearing aids and accessories are provided under the following conditions only:

1. When a physician\*
  - a. provides documentation that a medical examination within the previous six months revealed that the recipient is a candidate for a hearing aid and that there is no contraindication to the use of a hearing aid, and
  - b. prescribes a hearing aid, if an audiologist at a Medicaid enrolled hearing and speech center determines one would benefit the recipient.
2. When an audiologist at an enrolled and certified hearing and speech center determines the type(s) of hearing aid device(s) appropriate, and
3. When prior authorized by the Michigan Department of Public Health for the single State agency, and
4. When provided by a licensed enrolled hearing aid dealer.

\*In cases of recipients under age 21, the physician must be a specialist in treatment of hearing problems.

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12. DRUG PRODUCTS, DENTURES, PROSTHETIC AND ORTHOTIC DEVICES, EYEGLASSES

a. Drug Products

The services are covered when prescribed or ordered by a physician or dentist or other licensed practitioner included in the Plan (see #6) within the scope of his profession, and when obtained at a licensed retail pharmacy. (Written documentation of prescriptions must be retained on file in the pharmacy for auditing purposes).

Coverages include selected legend and over-the-counter products restricted to only those products sold by manufacturers as required by Section 1927 of the Social Security Act.

b. Dentures

Dentures are a covered benefit for recipients of all ages if determined necessary by a licensed dentist (Item 10 of the attachments) to correct masticatory deficiencies likely to impair general health. Prior authorization is required. If the client has an existing denture, replacement is permissible only if the existing denture cannot be relined or rebased, whether or not the existing denture was obtained through the Michigan Medical Assistance Program.

Reimbursement for complete or partial dentures includes the costs of any necessary adjustments within six months of insertion. Dentures which are lost, stolen, or broken beyond repair may be replaced only in extraordinary circumstances, and only once every five years.

c. Prosthetic and Orthotic Devices

Such devices are provided under the following conditions only:

- 1) When provided to a hospital inpatient, upon a physician's order indicating that the device is essential to the client's medical treatment plan; or
- 2) When prior authorized as medically necessary and provided on an outpatient basis or for a recipient in a long term care facility.

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d. Eyeglasses

Corrective lenses and/or frames are covered if determined to be medically necessary by a licensed optometrist (Item 6b of this attachment) or ophthalmologist.

Determination of medical necessity is based on specific diopter criteria and/or concurrent complicating medical conditions. Criteria for diopter change are defined for the State Agency by the Michigan Department of Public Health.

The replacement of lost, stolen, broken, or outgrown frames and/or lenses is covered without prior authorization as follows:

- one pair of replacement eyeglasses or contact lenses in a year for recipients over age 21, and
- two pair of replacement eyeglasses or contact lenses in a year for recipients under age 21.

Prior authorization is required for eyeglasses that exceed the replacement limits.

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f. Durable Medical Equipment

Durable medical equipment (DME) is a benefit for recipients under age 21 if they are not confined to a long term care facility. DME for a recipient in a long term care facility is considered included in the facility's per diem rate. However, if the DME is customized for the recipient's own full-time use, it is not considered included in the per diem rate and is separately reimbursable to an appropriately enrolled provider.

DME is a benefit for recipients age 21 or older under the following conditions:

1. When the recipient is in a long term care facility, DME is covered only if it is customized for the recipient's full-time use. It is separately reimbursable to an appropriately enrolled medical supplier. The medical supplier is responsible for requesting prior authorization.
2. When a recipient is enrolled in Medicare Part B, and Medicare has made payment on the equipment, Medicaid may cover the coinsurance and/or deductible amounts, as described in 3.2-A.
3. When the equipment is needed to prevent frequent hospitalization or institutionalization, is life sustaining, or replaces a malfunctioning body member, Medicaid may cover the equipment.

Prior authorization of DME is required for recipients of all ages, except where exempted for selected diagnostic codes, and for equipment that is considered included in a long term care facility's per diem rate.

The Program determines if the equipment is to be rented or purchased. Such determination includes consideration of cost versus benefit.

g. Oxygen

Oxygen is covered for the recipient residing in his/her home or in a long term care facility when medically necessary and when ordered by a physician.

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(Page Shift)